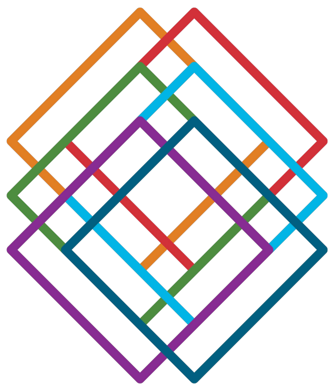


MAMH
Massachusetts Association
for Mental Health

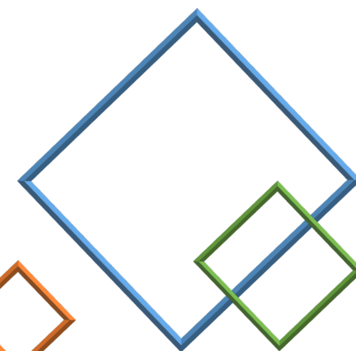
Tele-Behavioral Health for Middle and High School Students:

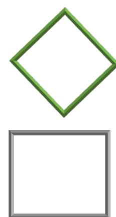
Best Practices and Policy Considerations for Massachusetts: Executive Summary

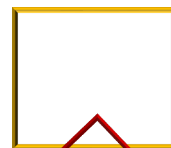
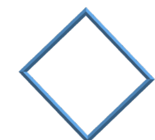
Report Authors:
Lina Stolyar, MPP, MAMH
Jessica Larochelle, SM, MAMH

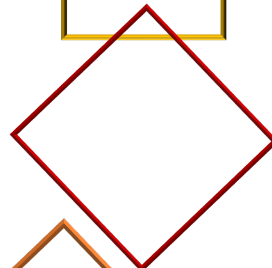
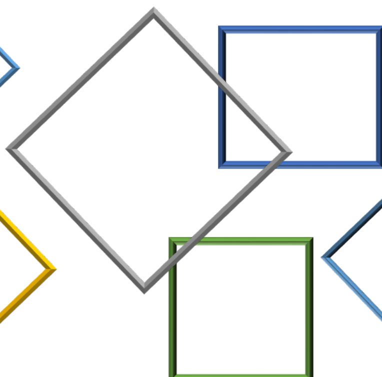
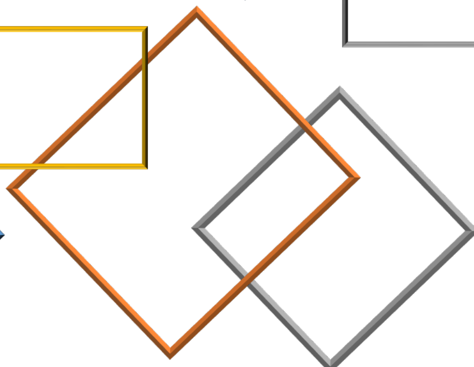
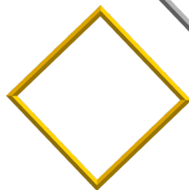
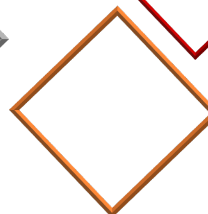
Report Editors:
Danna Mauch, PhD, MAMH
Jenifer Urff, JD, MAMH

Report Assembly:
Katheleen Linton
Krysia Wazny McClain





ACKNOWLEDGEMENTS

The Massachusetts Executive Office of Health and Human Services (EOHHS) and the Massachusetts Department of Mental Health (DMH) partnered with the Massachusetts Association for Mental Health (MAMH) in January 2023 to explore tele-behavioral health programs in school settings as a potential way to increase access to behavioral health services for middle and high school students and their families. The goals of the project are to identify best practices for delivering tele-behavioral health in schools, outline key considerations for schools and clinical entities interested in developing these programs, and provide policy recommendations to help make the best practices more effective, sustainable, and scalable. All recommendations are designed with the educational and behavioral health systems that are unique to Massachusetts. Please note that the findings and recommendations in this report do not necessarily reflect the views and opinions of EOHHS/MassHealth or DMH.

The Massachusetts Association for Mental Health is deeply grateful to EOHHS, DMH, and MassHealth for their support and guidance on this project, as well as their strong commitment to ensuring children and families receive timely, effective, and culturally responsive access to behavioral health treatment.

We also extend our sincere thanks to the key informant interviewees, our project's Advisory Council, the youth from Youth M.O.V.E Massachusetts and The 84 Movement who participated in listening sessions, the Texas Child Mental Health Care Consortium, the State of Maine, MCD Global Health, and the other organizations in Texas and Maine who hosted site visits, and the parents and caregivers who participated in the online survey. The expertise and experience that these individuals and organizations shared have been invaluable for this project and report.

We particularly thank our partners at the Parent/Professional Advocacy League (PPAL) for their help in distributing the parent and caregiver survey to their extensive network.

Various key informants also reviewed parts of this report for factual accuracy and Advisory Council members reviewed this report and provided feedback. We are grateful for their time and efforts. Please see the Appendix for a full list of key informant interviewees and Advisory Council members.

Executive Summary

While many children and adolescents experience positive mental health, a significant and growing number of youth are experiencing mental health issues that interfere with their academic performance, social development, and well being. At the same time, demand for behavioral health services far outweighs provider availability and contributes to significant access issues for children and families.

Telehealth utilization, especially tele-behavioral health utilization, has increased dramatically both nationally and in Massachusetts. Tele-behavioral health services can improve access by removing significant barriers to care such as long waiting times for appointments, transportation time and cost, childcare needs, and challenges with balancing work and family schedules. Telehealth may also allow individuals an increased opportunity to see providers of their race, ethnicity, and gender identity or sexual orientation, or providers that specialize in specific treatment modalities or treating specific conditions.

The Massachusetts Executive Office of Health and Human Services (EOHHS) and the Massachusetts Department of Mental Health (DMH) partnered with the Massachusetts Association for Mental Health (MAMH) in January 2023 to examine tele-behavioral health programs operating in school settings with services either delivered at the school or services delivered at home with referrals through the school to determine their potential to increase access to behavioral health services for middle and high school students and their families. The goals for the project were to identify best practices for delivering tele-behavioral health in schools, outline key considerations for schools and clinical entities interested in developing these programs, and provide policy recommendations to help make the best practices more effective, sustainable, and scalable. Findings for this report were informed by 1) a literature review, 2) key informant interviews, 3) listening sessions with youth, 4) a parent and caregiver survey, 5) site visits to programs in Maine and Texas, and 6) the deliberations of an Advisory Council.

Tele-behavioral health is one tool in a larger toolbox of mental health services for youth. Tele-behavioral health alone is not a panacea for all child and adolescent mental health concerns and conditions. As discussed in further sections, it is a useful option for many children and their families, but it should not replace in-person services when they are available and if they are preferred. Tele-behavioral health in schools can be one option in an array of services available to students as part of comprehensive systems of school-based behavioral health supports. Our vision is that every school district in the Commonwealth provides equal access for all students to comprehensive systems of school-based behavioral health supports.

Tele-Behavioral Health Programs in Massachusetts and in Other States

There are many different tele-behavioral health initiatives, programs, and supports in Massachusetts that provide a range of behavioral health services virtually. Heywood Hospital's Youth Tele Behavioral Health Program partners Heywood Hospital with four local school systems in North Central Massachusetts to provide school-based tele-behavioral health services. Outer Cape Health Services' Tele Behavioral Health Program later adapted the Heywood model to partner Outer Cape Health Services, a federally qualified health center, with a school district in the outermost town of Cape Cod. The Brookline Center School-Based Telebehavioral Health Program, with funding from the Massachusetts Department of Public Health (DPH), is supporting 17 school districts, one charter school, two regional vocational schools, and one Boston public school. They also collaborate with many clinical, social care, and community provider organizations to provide program implementation support through training, technical assistance, a learning collaborative, and a formal evaluation process. Other organizations like

Cartwheel and Gaggle Therapy partner with school districts to provide access to virtual mental health services and supports and coaching for families, and Charlie Health provides virtual therapy for teens in need of high acuity care. Organizations like Care Solace, the Massachusetts Behavioral Health Help Line (BHHL), and William James INTERFACE Referral Service provide behavioral health care coordination and referrals, including connections to virtual services if those are preferred. Primary Care Plus, part of Boston Children's Hospital, is a virtual care and consultation program for adolescents and young adults who use substances. Finally, Boston Children's Hospital Neighborhood Partnerships and the Massachusetts Child Psychiatry Access Program (MCPAP) are piloting a different approach by designing a consultation and training model to create pathways and connections for comprehensive behavioral health supports for students, families, and school communities.

Our review of tele-behavioral health models in Texas and Maine produced useful insight into how other states are using tele-behavioral health in schools. The Texas Child Health Access Through Telemedicine (TCHATT) program in Texas provides statewide access for students to school-based tele-behavioral health services such as mental health assessments, short-term treatment, and referrals to community-based providers. The two tele-behavioral health in school programs in Maine are modeled after Heywood Hospital's Youth Tele Behavioral Health Program and adapted to the needs of the students in more rural areas of the state. While the educational and behavioral health systems in these states are different from Massachusetts, learning from their expertise and experiences was critical in identifying many best practices that are transferable to the Commonwealth.

Parent and Caregiver Survey Findings

MAMH created an online survey to gather feedback from parents and caregivers about their likes and dislikes of tele-behavioral health (if their child uses it) and their hesitancies around tele-behavioral health (if their child does not use it). The survey was sent out through the Parent/Professional Advocacy League's mailing list and garnered 417 responses (327 in English, 84 in Portuguese, and four in Spanish).

Among parents whose child received tele-behavioral health services (97% of all survey respondents), the majority felt that their child received the same quality of services via tele-behavioral health as they would have in-person, but the level of parental involvement in their child's care via tele-behavioral health varied. Fifty-two percent of surveyed parents said that their child received the same quality of care via tele-behavioral health services at home compared to the quality of care they would have received in-person. In terms of feelings of involvement, almost 40% said they felt less involved in their child's care compared to if their child received these services in-person, while 34% said they felt more involved. Among the limited number of respondents whose child had not received any tele-behavioral health services, all said that one of the reasons was because it was not offered.

Parents of children who received tele-behavioral health services at home and parents of children who received tele-behavioral health at school listed similar reasons why they liked tele-behavioral health, but they had different dislikes. Survey respondents said that they found it comfortable for their child to receive services at home or at school and it was easy to fit the tele-behavioral health session(s) into their child's schedule. For dislikes, parents whose children received tele-behavioral health services at home expressed that their tele-behavioral health provider had limited availability. Parents of children who received tele-behavioral health service at school said their child was concerned about other students finding out they were receiving behavioral health services.

Youth Listening Session Findings

MAMH hosted one listening session and participated in another to hear directly from youth about their opinions on tele-behavioral health. The MAMH-hosted listening session featured four youth who were members of Youth M.O.V.E Massachusetts, a chapter of a national youth-led organization. Three of the youth received tele-behavioral health services at home, and one youth had not received tele-behavioral health because it had not been offered to her.

The youth shared mixed feelings about their experiences, with convenience and reduced need for transportation described as major benefits and lack of connection with their provider and lack of privacy at home as major challenges. The youth also mentioned having a hard time building a relationship with their providers especially if they were receiving services through an audio-only option with no video conferencing. Participants also mentioned that they felt less comfortable opening up to their provider at home because they were worried that their family might hear them during the appointment. Even with these challenges, the youth at this session said that it was important to have tele-behavioral health as an available option.

Best Practices and Considerations for Delivering Tele-Behavioral Health

The report details best practices and key considerations for tele-behavioral health providers and schools looking to launch or augment a tele-behavioral health in school program. Regardless of where students receive tele-behavioral health services, the tele-behavioral health approach must include key elements for successful implementation. These include communication and engagement with parents and caregivers, clarity about the scope and number of sessions provided by the tele-behavioral health program, criteria for the age of students served and the behavioral health needs of those students, clarity in procedures and workflows, timely availability of licensed clinicians, provider training on delivering care via tele-behavioral health, and data monitoring and evaluation of the services and program.

There are additional best practices for tele-behavioral health planning and implementation depending upon if the students receive services at school or at home. Programs providing services at school should consider best practices related to buy-in from district and school leadership, clear memoranda of agreement between schools and service providers, assistance of either school staff or a clinical extender (like a Community Health Worker or Family Partner) to provide care and program coordination, dedicated space with privacy, proper IT to connect students to services, and school-based Medicaid to pay for direct services and administrative activities provided by employees of the school or a contracted external provider related to tele-behavioral health. For students who receive tele-behavioral health services at home, privacy and access to adequate technology, devices, and Wi-Fi should also be considerations.

The report also provides guidance on how to lessen inequities when using tele-behavioral health. While tele-behavioral health can improve access to care, it can also have the unintended consequence of worsening longstanding inequities. This report outlines both opportunities and concerns related to tele-behavioral health and health equity and offers guidance on how to provide culturally responsive services for students and parents with limited internet access, low digital literacy, disabilities, and limited English proficiency, and for historically marginalized communities including communities of color and individuals who identify as LGBTQ+.

POLICY CONSIDERATIONS

This report outlines policy considerations in four areas: establishing adequate reimbursement for clinical and non-clinical services, simplifying and unifying licensing requirements, streamlining credentialing for providers, and providing access to adequate and affordable Wi-Fi. Many of the policy considerations in this report would not only advance effective, sustainable, and scalable tele-behavioral health in school programs in the Commonwealth, but they would also have positive implications for the broader Massachusetts behavioral health delivery service system.

Many tele-behavioral health providers who were interviewed for this study reported that the reimbursement they receive from public and private insurers is not enough to cover the full costs of clinical staff. Public and private payors in the Commonwealth are examining and need to further address rate disparities for behavioral health services. Key considerations to establish adequate reimbursement for clinical services include:

- Increasing rates paid to outpatient behavioral health clinics.
- Ensuring services provided by Community Behavioral Health Centers are covered by commercial carriers and reimbursed through a bundled payment mechanism.
- Increasing funding for Chapter 257 rate reserve.
- Ensuring proactive connection of newcomer arrivals to appropriate MassHealth enrollment services to get those that are eligible access to MassHealth Standard.
- Providing a more comprehensive set of benefits for undocumented youth who are enrolled in MassHealth Limited and/or the Children's Medical Security Plan.
- Maximizing Local Education Agencies' participation in the School-Based Medicaid Program.
- Directing full School-Based Medicaid Program reimbursements to schools instead of municipalities.

Certain elements of tele-behavioral health programs, including the use of clinical extenders like Community Health Workers (CHWs), are not typically covered by third-party reimbursement. Clinical extenders are key to delivering high quality and culturally responsive services in tele-behavioral health in school programs. Some additional key considerations include:

- Recognizing MassHealth for its efforts to include CHWs on multi-disciplinary care teams in all of MassHealth's team-based payment models and urging the administration to continue to look for innovative payment and delivery mechanisms to cover CHW services, especially in school settings.
- Compelling private insurers to follow the example of public payors and adopt payment methodologies to cover CHW services.
- Advancing innovative payment and delivery reforms for other types of clinical extenders such as Family Partners.

While there are many proposals to address the workforce crisis, simplifying licensing requirements is an important step to expanding and diversifying the workforce. Key considerations to address licensing requirements include:

- Continuing to invest in loan forgiveness and repayment programs, scholarships, and stipends to help reduce systemic barriers such as costs associated with exams and licensure fees that make it harder to employ a diverse workforce.

- Exploring the feasibility, advantages, and drawbacks of interstate compacts for behavioral health providers.

Many providers of tele-behavioral health services interviewed as part of this report discussed the cumbersome and lengthy credentialing processes. Key considerations for streamlining credentialing for providers include:

- Encouraging MassHealth to continue to look for efficiencies in its credentialing processes, commensurate with Medicaid program requirements, and the Mass Collaborative to continue to work closely with CAQH and Healthcare Administrative Solutions (HCAS) to ensure an efficient credentialing process for private Massachusetts health plans.
- Encouraging private, national plans to also look for ways to streamline processes and forms.

Access to adequate and affordable Wi-Fi is critical for accessing telehealth services. Many families in Massachusetts received high-speed internet through a federal subsidy program that ended in June 2024. Because of this, key considerations for providing access to adequate and affordable Wi-Fi include:

- Passing congressional legislation to reauthorize funding for the Affordable Connectivity Program.
- Spending the full amount of money in Chapter 129 of the Acts of 2024 (IT bond bill) on the construction of fiber broadband.
- Prioritizing bills that expand access to free or low-cost broadband internet in Massachusetts.

This report aims to advance efficient and effective implementation of tele-behavioral health in school programs as one component of the larger community-based behavioral health delivery system in Massachusetts. It also seeks to further the aims of the Commonwealth's Roadmap for Behavioral Health Reform to help ensure that people can get the care they need, when and where they need it.